

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF IOWA**

---

PAUL DORR, AND ALEXANDER  
DORR, individually and on behalf of all  
other persons similarly situated,

Court File No. 5:08-CV-04093

Plaintiffs,

vs.

DOUGLAS L. WEBER, individually  
and in his capacity as Sheriff of Osceola  
County; and OSCEOLA COUNTY,  
IOWA,

Defendants.

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**Declaration of Vincent J. Fahnlander  
in Support of Plaintiffs' Motion for Leave to Amend their First-Amended  
Complaint**


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I, Vincent J. Fahnlander, declare as follows:

1. I understand this declaration is made under the provisions of 28 U.S.C. § 1746.
2. I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.
3. After the responses to Plaintiffs' written discovery requests and supplementation by the Defendants on July 30, 2009 (received by our office in August), I did inquire and work with defense counsel Douglas Phillips regarding the taking of depositions of all parties. Each side sought to schedule depositions in October but conflicts resulted in the scheduling of depositions in November 2009.
4. The deposition of Douglas Weber occurred on November 30, 2009 to accommodate his schedule.
5. Paul Dorr's deposition was also taken on November 30, 2009.

6. Alex Dorr's deposition could not be held as anticipated because of an illness, but continued to a mutually agreed date of January 13, 2010.
7. After reviewing the deposition of Douglas Weber, I determined that facts were sufficient to assert a First Amendment claim. I requested from defense counsel an acceptance of First Amendment allegations to which he agreed. Phillips requested, however, that Paul Dorr be made available for additional deposition testimony on the allegations.
8. I also promised and delivered to defense counsel on January 4, 2010, Plaintiffs proposed Second-Amended Complaint reflecting Paul Dorr's First Amendment claim. This occurred prior to the deposition of Paul Dorr and Alex Dorr held on January 13, 2010.
9. I have attached as examples of the type of documents received in response to Plaintiffs' written discovery. **See Exhibit A.** These typical documents do not discern the possibility of First Amendment claims as apparently admitted in Defendant Douglas Weber's deposition.
10. I have attached as **Exhibit B** the references to the deposition transcripts identified in Plaintiffs' brief in support of their motion for leave to amend their First-Amended Complaint:
  - a. Douglas Weber Tr. pp. 123 – 125;
  - b. Paul Dorr Tr. pp. 25-26; 29-30.
11. My office filed Plaintiffs' Second-Amended Complaint on January 4, 2010, a misstep contrary to the Rules of Court and this Court's Local Rules. The misstep was my responsibility for which I apologize to the Court.
12. Counsel for all parties have verbally agreed that upon the filing of the Second-Amended Complaint, defense counsel will answer the Complaint before the February 18, 2010 disposition motion deadline.

Dated: February 5, 2010.

  
\_\_\_\_\_  
Vincent J. Fahnlander

Copy to:

Douglas L. Phillips  
Klass Law Firm, L.L.P.  
Mayfair Center, Upper Level  
4280 Sergeant Road, Suite 290  
Sioux City, IA 51106

CERTIFICATE OF SERVICE

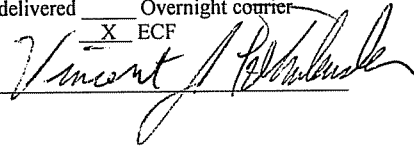
The undersigned certifies that the foregoing instrument was served upon all parties to the above cause to each of the attorneys of record herein at their respective addresses disclosed on the pleading on February 5, 2010.

By: ☐ U.S. Mail ☐ facsimile

☐ Hand delivered ☐ Overnight courier

☐ Other ☒ ECF

Signature

A handwritten signature in black ink, appearing to read "Vincent J. Phillips", is written over a horizontal line.

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF IOWA  
WESTERN DIVISION

PAUL DORR, AND ALEXANDER DORR,  
INDIVIDUALLY AND ON BEHALF OF ALL  
OTHER PERSONS SIMILARLY SITUATED,

Plaintiffs,

vs.

DOUGLAS L. WEBER, INDIVIDUALLY  
AND IN HIS CAPACITY AS SHERIFF, AND  
HIS SUCCESSORS, THE OSCEOLA  
COUNTY SHERIFFS DEPARTMENT, IOWA  
AND OSCEOLA COUNTY, IOWA,

Defendants.

NO. 5:008-cv-04093-MWB

DEFENDANTS' INITIAL  
DISCLOSURES

COME NOW Defendants Douglas Weber and Osceola County, Iowa, pursuant to  
F.R.Civ.P. 26, and make the following disclosures:

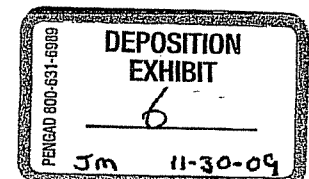
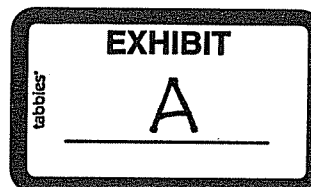
**PERSONS WITH DISCOVERABLE INFORMATION**

1. Douglas L. Weber  
Osceola County Sheriff's Office  
309 Sixth Street  
Sibley, IA 51249

Sheriff Weber denied the permits at issue in this case and will testify  
concerning the reasons for his decisions.

2. Dan DeKoter
3. Kevin Hertz
4. Employees of:
  - a. Ocheydan Press/Melvin News
    - (1) Arlyn Pedley
    - (2) Lori Wiser
  - b. Worthington Daily Globe
  - c. Northwest Review
5. Members of the Public Safety Commission
6. Members of the Osceola County Board of Supervisors
7. Adri Ruisch
8. Lois Stahl
9. Don Hibbing

KLASS LAW FIRM,  
L.L.P.



10. Arlin Pedley
11. Al and Judy Bruegemann
12. Kevin Wolfswinkel
13. Debra Dorr
14. Mrs. Bill Johnson
15. Dickinson County Sheriff Greg Baloun
16. Clay County Sheriff Randy Krukow

Defendant anticipates that some or all of these people have information about Paul Dorr's reputation and behavior.

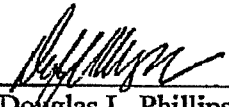
#### DOCUMENTS

1. Paul Dorr Application for Permit to Carry, 2.1.98
2. Paul Dorr Application for Permit to Carry, 3.30.01
3. Paul Dorr Application for Permit to Carry, 4.6.02
4. Paul Dorr Application for Permit to Carry, 5.28.03
5. Paul Dorr Application for Permit to Carry, 6.29.04
6. Paul Dorr Application for Permit to Carry, 6.27.05
7. Paul Dorr Application for Permit to Carry, 7.19.06
8. Paul Dorr Application for Permit to Carry, 7.7.07
9. Alexander Dorr Application for Permit to Carry, 12.6.07

#### INSURANCE AGREEMENTS

1. Copies of the applicable declarations pages are attached.

Respectfully submitted,

  
\_\_\_\_\_  
Douglas L. Phillips  
KLASS LAW FIRM, L.L.P.  
Mayfair Center, Upper Level  
4280 Sergeant Road, Suite 290  
Sioux City, IA 51106  
phillips@klasslaw.com  
WWW.KLASSLAW.COM  
712/252-1866  
712/252-5822 fax

ATTORNEYS FOR DEFENDANTS

Copy to:

Vincent J. Fahnlander  
33 South Sixth Street, Suite 4100  
Minneapolis, MN 55402

Erick G. Kaardal  
33 South Sixth Street, Suite 4100  
Minneapolis, MN 55402

**CERTIFICATE OF SERVICE**

The undersigned certifies that the foregoing instrument was served upon all parties to the above cause to each of the attorneys of record herein at their respective addresses disclosed on the pleading on 3/16, 2009

By: ☐ U.S. Mail ☐ facsimile  
☒ Hand delivered ☐ Overnight courier  
☒ Other email ☐ EFC

Signature *R. J. Miller*

**STATE OF IOWA****APPLICATION FOR PERMIT TO CARRY WEAPONS**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

☐ Professional Permit (WP1)  
☒ Nonprofessional Permit (WP2)☐ Peace Officer Permit (WP7)  
☐ Reserve Peace Officer Permit (WP10)  
☐ Correctional Officer Permit (WP9)☐ New Application☒ Renewal - Permit Number OSP0-346Firearms Safety Training Certification Number or Peace Officer Certification Date 31221

Attach copy of WP0 Firearms Safety Training Program Certificate of Completion (except certified peace officer).

Name Dorr Paul Robert Phone # (712) 758-3372  
(last) (first) (middle)Other Names Ever Used (aliases) N/AResidence 579 2nd Street Osceola Iowa 51354  
(city) (state) (zip)Driver License or Non-Operator ID# \_\_\_\_\_ County of Residence OsceolaBirthdate 5.15.1956 Age 50 Sex M Hgt 6'1 1/2" Wgt 300 Hair Br Eyes Br**Authorization for Release - Weapon Permit Applications**

I, Paul R. Dorr, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above; and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

*This "Signature On File" will be valid from this date and shall expire in one year.*

Applicant Signature Paul R. Dorr  
WP5 Rev. 02/2003Date July 19, 2008

**All of the following questions must be answered:**

- |                          |                                     |   |
|--------------------------|-------------------------------------|---|
| Yes                      | No                                  |   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Have you ever been convicted of a felony?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Have you ever been convicted of the misdemeanor crime of hazing?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Have you ever been convicted of the misdemeanor crime of stalking?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Are you addicted to the use of alcohol or any controlled substance?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Do you have a history of repeated acts of violence?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Have you ever been adjudged mentally incompetent?   |

If you answered yes to any of the above, please explain: \_\_\_\_\_

- ☒ ☐ 11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Carry large amounts of cash on occasion & Self Defense.

Applicant Signature

Paul R. Jones

Date

July 19, 2006

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name

Telephone

Employer Address

Employer Signature

Date

**ISSUING OFFICER**

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application:



Approved



Disapproved

Date

07-20-06

Reason Disapproved: \_\_\_\_\_

Signature

Douglas Fowler



Sheriff of

Des Moines

County, Iowa



Commissioner of the Iowa Department of Public Safety

☐ New Fee \$

☐ Renewal Fee \$

☐ Peace Officer/Correctional Officer - No Fee



# STATE OF IOWA

## APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

☐ Professional Permit (WP1)  
☒ Nonprofessional Permit (WP2)

☐ Peace Officer Permit (WP7)  
☐ Reserve Peace Officer Permit (WP10)  
☐ Correctional Officer Permit (WP9)

☐ New Application

☒ Renewal - Permit Number 0570-3H6 (2006)

Firearms Safety Training Certification Number or Peace Officer Certification Date \_\_\_\_\_

Attach copy of WP0 Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Dorr Paul Robert Phone # (712) 758 - 3372  
(last) (first) (middle)

Other Names Ever Used (aliases) None

Residence 579 2nd Street Ocheyedan Iowa 51354  
(city) (state) (zip)

Driver License or Non-Operator ID# 509 WW3353 County of Residence Osceola

Birthdate 5, 15, 1956 Age 51 Sex M Hgt 6'1 1/2" Wgt 320 Hair Br Eyes Br

### Authorization for Release - Weapon Permit Applications

I, Paul R. Dorr, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

*This "Signature On File" will be valid from this date and shall expire in one year.*

Applicant Signature  
WP5 Rev. 09/2005

Paul R. Dorr

Date July 7, 2007

**All of the following questions must be answered:**

- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Have you ever been convicted of a felony?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Have you ever been convicted of the misdemeanor crime of hazing?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Have you ever been convicted of the misdemeanor crime of stalking?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Are you addicted to the use of alcohol or any controlled substance?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Do you have a history of repeated acts of violence?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Have you ever been adjudged mentally incompetent?   |

If you answered yes to any of the above, please explain: \_\_\_\_\_

- ☒ ☐ 11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number (ARN):

Country of citizenship: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**  
TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Occasionally carry large amounts of cash. Self-defense

Applicant Signature

Paul T. Jones

Date

July 7, 2007

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name

Telephone

Employer Address

Employer Signature

Date

**ISSUING OFFICER**

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application:

☐

Approved

☒

Disapproved

Date

08-09-07

Reason Disapproved:

Concern from Public. Don't trust

Remin.

# STATE OF IOWA

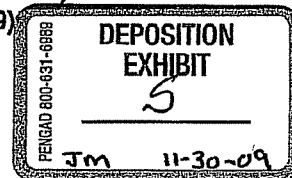
## APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

- ☐ Professional Permit (WP1)  
☒ Nonprofessional Permit (WP2)

- ☐ Peace Officer Permit (WP7)  
☐ Reserve Peace Officer Permit (WP10)  
☐ Correctional Officer Permit (WP9)

- ☐ New Application  
☒ Renewal - Permit Number 143925



Firearms Safety Training Certification Number or Peace Officer Certification Date 74976

Attach copy of WP0 Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Heve Chad A Phone # 712 758 3211  
 (last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence 5819 Hwy 9 Ocheyedan IA 51354  
 (street) (city) (state) (zip)

Social Security No. 481 - 98 - 3256 County of Residence \_\_\_\_\_

Birthdate 11 1251 72 Age 27 Sex M Hgt. 5'11" Wgt. 210 Hair B Eyes H

### Authorization for Release - Weapon Permit Applications

I, \_\_\_\_\_; do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 708 (except sections 708.1 and 708.7) and chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that a person who gives a false name or presents false identification, or otherwise knowingly gives false material information on this application commits a class "D" felony (section 724.10 or 724.21).

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature [Signature]  
 CFN 595-1162 WP5 Rev. 8/98

Date 8-31-00

**All of the following questions must be answered:**

Yes No  
☐ ☒  
☐ ☒  
☒ ☒  
☐ ☒  
☐ ☒  
☐ ☒  
☐ ☒  
☐ ☒  
☐ ☒  
☐ ☒

1. Have you ever been convicted of a felony?
2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider?
5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
6. Have you ever been convicted of the misdemeanor crime of hazing?
7. Have you ever been convicted of the misdemeanor crime of stalking?
8. Are you addicted to the use of alcohol or any controlled substance?
9. Do you have a history of repeated acts of violence?
10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: OWI

**STATEMENT OF JUSTIFICATION**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Hunting and Target Shooting

Applicant Signature [Signature]

Date 8-31-00

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**ISSUING OFFICER**

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: ☐ Approved ☐ Disapproved Date \_\_\_\_\_

Reason Disapproved: \_\_\_\_\_

Signature [Signature] ☐ Sheriff of \_\_\_\_\_ County, Iowa  
☐ Commissioner of the Iowa Department of Public Safety  
☐ New Fee \$ \_\_\_\_\_ ☐ Renewal Fee \$ \_\_\_\_\_ ☐ Peace Officer/Correctional Officer - No Fee

# STATE OF IOWA

## APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

☐ Professional Permit (WP1)  
☒ Nonprofessional Permit (WP2)

☐ Peace Officer Permit (WP7)  
☐ Reserve Peace Officer Permit (WP10)  
☐ Correctional Officer Permit (WP9)

☐ New Application  
☒ Renewal - Permit Number \_\_\_\_\_

Firearms Safety Training Certification Number or Peace Officer Certification Date \_\_\_\_\_

Attach copy of WP0 Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Stanton Rick Alan Phone # (712) 754 - 2035  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence 425 12<sup>th</sup> St. Sibley SD 51249  
(street) (city) (state) (zip)

Social Security No. (optional) or DL # 478-88-6811 County of Residence Osceola

Birthdate 8/18/69 Age 31 Sex M Hgt 5'10" Wgt 185 Hair Br. Eyes GR.

### Authorization for Release - Weapon Permit Applications

I, Rick Stanton, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature  
WP5 Rev. 01/2001



Date 6/6/01

**All of the following questions must be answered:**

Yes No

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

1. Have you ever been convicted of a felony?
2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider?
5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
6. Have you ever been convicted of the misdemeanor crime of hazing?
7. Have you ever been convicted of the misdemeanor crime of stalking?
8. Are you addicted to the use of alcohol or any controlled substance?
9. Do you have a history of repeated acts of violence?
10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: \_\_\_\_\_

- ☒ ☐ 11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:  
Country of birth: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**ISSUING OFFICER**

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: ☐ Approved ☐ Disapproved Date \_\_\_\_\_

Reason Disapproved: \_\_\_\_\_

Signature Ed Hawbump ☐ Sheriff of \_\_\_\_\_ County, Iowa  
☐ Commissioner of the Iowa Department of Public Safety  
☐ New Fee \$ \_\_\_\_\_ ☐ Renewal Fee \$ \_\_\_\_\_ ☐ Peace Officer/Correctional Officer - No Fee

# STATE OF IOWA

## APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

☐ Professional Permit (WP1)  
☐ Nonprofessional Permit (WP2)

☐ Peace Officer Permit (WP7)  
☐ Reserve Peace Officer Permit (WP10)  
☐ Correctional Officer Permit (WP9)

☐ New Application  
☐ Renewal - Permit Number \_\_\_\_\_

Firearms Safety Training Certification Number or Peace Officer Certification Date \_\_\_\_\_

Attach copy of WP0 Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Nelson Donald J. Phone # (712) 736-2348  
(last) (first) (middle)

Other Names Ever Used (aliases) None

Residence 312nd Ave Box 124 Mahan Ia 51350  
(street) (city) (state) (zip)

Social Security No. (optional) or DL # 475-26-4852 County of Residence Osceola 15.5

Birthdate 6/10/29 Age 72 Sex M Hgt 5-11 Wgt 190 Hair Br Eyes BL

### Authorization for Release - Weapon Permit Applications

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature D. Donald Nelson

Date 6-26-01

WP5 Rev. 01/2001

**All of the following questions must be answered:**

- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Have you ever been convicted of a felony?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?           |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?                                     |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Have you ever been convicted of the misdemeanor crime of hazing?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Have you ever been convicted of the misdemeanor crime of stalking?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Are you addicted to the use of alcohol or any controlled substance?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Do you have a history of repeated acts of violence?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Have you ever been adjudged mentally incompetent?   |

If you answered yes to any of the above, please explain: \_\_\_\_\_

- ☒ ☐ 11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:  
Country of birth: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_

Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_

Date \_\_\_\_\_

**ISSUING OFFICER**

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: ☐ Approved ☐ Disapproved

Date \_\_\_\_\_

Reason Disapproved: \_\_\_\_\_

Signature \_\_\_\_\_



Sheriff of \_\_\_\_\_

County, Iowa



Commissioner of the Iowa Department of Public Safety

☐ New Fee \$ \_\_\_\_\_

☐ Renewal Fee \$ \_\_\_\_\_

☐ Peace Officer/Correctional Officer - No Fee

WEBER 472



# STATE OF IOWA

## APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

- ☐ Professional Permit (WP1)  
☐ Nonprofessional Permit (WP2)

- ☐ Peace Officer Permit (WP7)  
☐ Reserve Peace Officer Permit (WP10)  
☐ Correctional Officer Permit (WP9)

- ☐ New Application  
☐ Renewal - Permit Number \_\_\_\_\_

Firearms Safety Training Certification Number or Peace Officer Certification Date \_\_\_\_\_

Attach copy of WP0 Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Voss Eric T Phone # (712) 754-3125  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence Sibley IA 51249  
(city) (state) (zip)

Social Security No. (optional) or DL # 480-92-8163 County of Residence Osceola

Birthdate 9/17/68 Age 33 Sex M Hgt 6'1" Wgt 200 Hair Blond Eyes Blue

### Authorization for Release - Weapon Permit Applications

I, Eric T. Voss, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature  
WP5 Rev. 06/2001

Eric T. Voss

Date 10/15/01

WEBER 533

**All of the following questions must be answered:**

- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Have you ever been convicted of a felony?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?           |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?                                     |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Have you ever been convicted of the misdemeanor crime of hazing?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Have you ever been convicted of the misdemeanor crime of stalking?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Are you addicted to the use of alcohol or any controlled substance?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Do you have a history of repeated acts of violence?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Have you ever been adjudged mentally incompetent?   |

If you answered yes to any of the above, please explain: \_\_\_\_\_

- ☒ ☐ 11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:  
Country of birth: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**

TYPE/OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Hunting, Target, Personal Protection

Applicant Signature Eric T. Voss

Date 10/15/01

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**ISSUING OFFICER**

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

NICS Transaction Number (NTN) \_\_\_\_\_ Date NTN Received \_\_\_\_\_

Application: ☐ Approved ☐ Disapproved Date of Approval/Disapproval \_\_\_\_\_

Reason Disapproved: \_\_\_\_\_

Signature [Signature] ☐ Sheriff of \_\_\_\_\_ County, Iowa  
☐ Commissioner of the Iowa Department of Public Safety

☐ New Fee \$ \_\_\_\_\_ ☐ Renewal Fee \$ \_\_\_\_\_ ☐ Peace Officer/Correctional Officer - No Fee

# STATE OF IOWA

## APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

☐ Professional Permit (WP1)  
☐ Nonprofessional Permit (WP2)

☐ Peace Officer Permit (WP7)  
☐ Reserve Peace Officer Permit (WP10)  
☐ Correctional Officer Permit (WP9)

☐ New Application  
☐ Renewal - Permit Number \_\_\_\_\_

Firearms Safety Training Certification Number or Peace Officer Certification Date \_\_\_\_\_

Attach copy of WPD Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Voss ARNIE R Phone # (712) 754-3125  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence Sibley IA 51249  
(city) (state) (zip)

Social Security No. (optional) or DL # 682 WA 18394 County of Residence OSCEOLA

Birthdate 6-14-37 Age 64 Sex M Hgt 6 Wgt 170 Hair B Eyes B

### Authorization for Release - Weapon Permit Applications

I, ARNIE VOSS, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

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I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

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I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature  
WP5 Rev. 06/2001

Date 10-15-01

**All of the following questions must be answered:**

Yes No

- ☐ ☒ 1. Have you ever been convicted of a felony?  
☐ ☒ 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?  
☐ ☒ 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?  
☐ ☒ 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider?  
☐ ☒ 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?  
☐ ☒ 6. Have you ever been convicted of the misdemeanor crime of hazing?  
☐ ☒ 7. Have you ever been convicted of the misdemeanor crime of stalking?  
☐ ☒ 8. Are you addicted to the use of alcohol or any controlled substance?  
☐ ☒ 9. Do you have a history of repeated acts of violence?  
☐ ☒ 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: \_\_\_\_\_

- ☒ ☐ 11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:  
Country of birth: OSCEOLA Alien registration number: \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

HUNTING & TARGET PERSONAL PROTECTION

Applicant Signature \_\_\_\_\_

Date 10-15-01

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**ISSUING OFFICER**

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

NICS Transaction Number (NTN) \_\_\_\_\_ Date NTN Received \_\_\_\_\_

Application: ☐ Approved ☐ Disapproved Date of Approval/Disapproval \_\_\_\_\_

Reason Disapproved: \_\_\_\_\_

Signature [Signature] ☐ Sheriff of \_\_\_\_\_ County, Iowa  
☐ Commissioner of the Iowa Department of Public Safety

☐ New Fee \$ \_\_\_\_\_ ☐ Renewal Fee \$ \_\_\_\_\_ ☐ Peace Officer/Correctional Officer - No Fee

WEBER 536

1 UNITED STATES DISTRICT COURT

2 NORTHERN DISTRICT OF IOWA

3 \* \* \* \* \*

4 PAUL DORR and ALEXANDER DORR, \* File No. 5:08-CV-04093  
5 individually and on behalf of all  
6 other persons similarly situated, \*

6 Plaintiffs, \*

7 vs. \* DEPOSITION OF

8 DOUGLAS L. WEBER, individually and \* DOUGLAS L. WEBER  
9 in his capacity as Sheriff, and his  
10 successors, THE OSCEOLA COUNTY  
SHERRIF'S DEPARTMENT, IOWA, and  
OSCEOLA COUNTY, IOWA, \*

11 Defendants. \*  
12 \* \* \* \* \*

13 The deposition of Douglas L. Weber was taken on behalf of  
14 the Plaintiffs at the Osceola County Courthouse in Sibley,  
15 Iowa on Monday, November 30, 2009 commencing at 10:00 a.m.

16 APPEARANCES

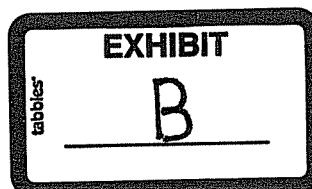
17 For the Plaintiffs: MR. VINCENT J. FAHNLANDER  
Attorney at Law  
18 33 South Sixth Street, Suite 4100  
Minneapolis, Minnesota 55402

19 For the Defendants: MR. DOUGLAS L. PHILLIPS  
Attorney at Law  
20 4280 Sergeant Road, Suite 290  
21 Sioux City, Iowa 51106

22 Other Appearances: Paul R. Dorr

23

24 Reported By: Jenna L. Mumm, CSR  
703 Jackson Avenue, Spirit Lake, Iowa 51360  
25 (712) 336-4125 (800) 551-5027



1 feel comfortable giving him a permit. You know, I just had  
2 that gut feeling. I didn't like the guy, I did it anyway.  
3 I'm embarrassed about it now. I regret it, just like I'm  
4 sure Mr. Huckabee will regret giving clemency to the guy out  
5 in Tacoma, Washington who shot the cops. I regret that I  
6 did that, but I know more in '07 than I did then. I know  
7 more now than I did back then and I'll know more in a year  
8 or two from now than I do now.

9 Q Well, tell me what changed between '07 and '06. '06  
10 you granted his application, '07 you denied his  
11 application. What changed in that time period?

12 A Well, you brought up the OCTA, Mr. Dorr's affiliation  
13 with that. He started sending out letters to the editor,  
14 e-mails, fliers on doors and cars, handing out brochures.

15 People talked about it. See, people don't care about  
16 Mr. Dorr. I mean, they're not sitting around, "Oh, boy,  
17 what's Mr. Dorr's gonna say today, because we want to learn  
18 something." They don't care. I think he's a narcissist.  
19 It doesn't matter in and of itself. That's okay. That's  
20 okay--

21 Q Uh-huh (yes).

22 A -- that Mr. Dorr's a narcissist. I don't care, but he  
23 thinks that everybody-- he thinks his reputation is  
24 peerless. It's not. I'm sorry, it just isn't. It's  
25 lousy. It's lousy in northwest Iowa. Now I forget where I

1 was going with this, but if you put all that together...

2 Q Okay.

3 A And so I've been in this business 30 years, and you  
4 can't tell a nut they're a nut. It doesn't work.

5 Q Okay.

6 A You can't argue with a drunk.

7 Q Okay. So what changed-- now, my question was what  
8 changed between '06 and '07.

9 A Okay. Okay.

10 Q And I think what you--

11 A Now you got me on track.

12 Q -- what you told me was what-- what changed is that--  
13 at least one of the things that changed is he was doing this  
14 work with the OCTA, the Osceola County Taxpayers

15 Association, he was sending out letters.

16 A Okay. Good. Thanks. Now you brought me back to where  
17 I tried to start out. He interjected himself into the  
18 public view or conscience or whatever you want to call-- the  
19 consciousness, whatever you want to call it. People started  
20 talking about him. I'm setting there, boy, he's got a  
21 permit with my name on it. You know what, I-- you know, I--  
22 I'm concerned about it, because I don't like that.

23 And my cop gut feeling was that, you know, something  
24 isn't right here. If he did do something really weird, I  
25 don't want to be responsible and, you know, he's got a

1 permit with my name on it. I'm embarrassed about it. I  
2 feel bad about it, but I did what I felt I-- had to be-- had  
3 to be done. I was elected sheriff to make a decision, and  
4 people voted for me to make decisions concerning public  
5 safety issues. If they don't like my decision, they won't  
6 vote for me--

7 Q Uh-huh (yes).

8 A -- and somebody else will get in, so-- I've been  
9 elected twice to make decisions on public safety issues.

10 Q Okay.

11 A So to answer your question, that's what's changed, is  
12 that he was a lot more active locally. I think a lot of his  
13 activities-- I read a newspaper article, "The Gospel  
14 According to Paul Dorr," where he does other work in other  
15 towns, other states and so forth. So we don't really hear  
16 that here, but-- so he was kind of out of the public view,  
17 I-- in my opinion.

18 Q And it was his work with the OCTA that brought him into  
19 your public view?

20 A Correct, and people started talking about it saying  
21 things like, "Oh, that guy's a nut job. Oh, that guy's  
22 whacko."

23 Q Okay. Now, I was asking you about Exhibit 6, the  
24 persons with discoverable information, and I asked you about  
25 Dan DeKoter.





COPY

1

1 IN THE UNITED STATES DISTRICT COURT  
2 FOR THE NORTHERN DISTRICT OF IOWA  
3 WESTERN DIVISION

3 PAUL DORR and )  
4 ALEXANDER DORR, ) No.  
5 Individually and On ) 5:08-cv-040903-MWB  
6 Behalf of All Other )  
7 Persons Similarly )  
8 Situated, )  
9 Plaintiffs, )  
10 vs. )  
11 DOUGLAS L. WEBER, )  
12 Individually and In )  
13 His Capacity as )  
14 Sheriff, and His )  
15 Successors, THE )  
16 OSCEOLA COUNTY )  
17 SHERIFFS DEPARTMENT, )  
18 IOWA, and OSCEOLA )  
19 COUNTY, IOWA, )  
20 Defendants. )

\* \* \* \*

15 Telephonic Deposition of PAUL DORR, the  
16 deponent herein, taken on behalf of the  
17 defendants herein, at 4280 Sergeant Road, Suite  
18 290, Sioux City, Iowa, on Wednesday, January  
19 13, 2010 at 10:03 a.m., before Norine F.  
Kennedy, Certified Shorthand Reporter in and  
for the State of Iowa, of Kennedy & Kennedy,  
Certified Court Reporters, 308 24th Street,  
Sioux City, Iowa.

20 APPEARANCES:

21 MR. VINCENT J. FAHNLANDER  
22 Attorney at Law, of  
23 Mohrman & Kaardal P.A.  
24 33 South Sixth Street  
25 Suite 4100  
Minneapolis, Minnesota 55402

26 Appearing on behalf of the Plaintiffs;

1 APPEARANCES: (Continued)

2 MR. DOUGLAS PHILLIPS  
3 Attorney At Law, of  
4 Klass Law Firm  
5 4280 Sergeant Road  
6 Suite 290  
7 Sioux City, Iowa 51106

8 Appearing on behalf of the Defendants.

9  
10  
11  
12  
13  
14  
15  
16  
17  
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19  
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21  
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25  
\* \* \* \*  
Also Present: Alexander Dorr  
\* \* \* \*  
Reported by Norine F. Kennedy, CSR, CP, RPR  
\* \* \* \*

24

1 highest ranking ones who had three supervisors.  
2 So the questions began to raise a year, year  
and a half ago is -- Well, the one, that the  
supervisors can't control the budget because  
they're some of the ones that are the most  
overpaid of all. So it has been a very strong  
point of contention by the OCTA in the last  
year, year and a half.

9 Q. What other similar issues has OCTA been  
involved with where you have consulted?

11 A. I'm just -- I'm trying to go back in  
memory for the last couple two, three years,  
and right now that's all I can recall.

14 Q. Is it your contention that Sheriff Weber  
denied your concealed carry permit at least in  
part because of your affiliation with OCTA?

17 A. Yes.

18 Q. Why do you think that?

19 A. Because there had been no incident, no  
activity, nothing relative to the use of a  
firearm any time prior to this. He had -- He  
had issued me permits previously. And then in  
'07 when I started working for the OCTA, I  
started receiving letters and communications  
from Dan DeKoter defending the sheriff's budget

25

1 and the county attorney's budget and basically  
2 legally threatening me and my client.  
3 Initially Mr. DeKoter thought my client was a  
4 member or two of the board of supervisors. And  
5 I didn't reveal to him because I had no duty to  
6 do that. He was just a private citizen. But  
7 Mr. DeKoter rapidly made the whole issue rather  
8 contentious within the community and then  
9 started going into the newspapers attacking me.  
10 So this is all stirring through 2007. And so  
11 then from the time, the end of July, early  
12 August 2007 when my permit was up for renewal  
13 and I called the sheriff and he said, I want to  
14 talk to you about it this time, you need to  
15 stop in, I strongly suspicioned -- Because  
16 there was no -- nothing else that had changed,  
17 I strongly suspicioned that -- that my working  
18 for the OCTA was -- was driving this meeting to  
19 come in there. And it's why in fact I carried  
20 my digital recorder into the meeting. And  
21 later now in depositions he's kind of affirmed  
what I suspicioned. And in that meeting, if  
you've had a chance to look at his video, I  
asked him if he had any evidence of anything  
that I said that may have prompted this false

26

1 accusation of fear, and he said no. So in my  
2 mind I'm sitting here thinking, He's got  
3 unnamed accusers and they have -- by his own  
4 admission they have no evidence. And at that  
5 point I asked him, Is this personal? And he  
6 naturally denied it. But I -- I had reached  
7 the conclusion in my mind then he's punishing  
8 me for simply helping the OCTA exercise their  
9 free speech.

10 Q. Did he say anything -- I'm sorry. Go  
11 ahead.

12 A. And -- and my own free speech. At some  
13 point -- I'll have to go back to the '07  
14 letters to the editor, but at some point  
15 Mr. DeKoter started attacking me personally in  
16 the papers for my involvement with them, and so  
17 I had to, you know, defend my character and  
18 reputation. So then I went in the papers and  
19 defended myself and made most of Mr. DeKoter's  
20 arguments look, I believe, rather foolish. But  
21 it was at that moment that -- in the midst of  
22 that controversy that I was then denied my  
23 permit.

24 Q. Is there some connection between  
25 DeKoter's letters and the denial of your permit

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1 application?

2 A. We don't know -- I don't know what the  
3 connection was. He just seemed to have privy  
4 to a lot of the stuff that I was doing for OCTA  
5 and the county, and that was one of the  
6 questions that always was listed with the OCTA.  
7 He's not the county's attorney, he's not  
8 retained by the Public Safety Commission to  
9 represent them. Why -- How is he getting all  
10 this knowledge about what we're doing, and why  
11 is he sticking his nose into this relationship?  
12 So you know, what connection there is -- Well,  
13 I think it's illustrated by July of 2008 where  
14 Mr. DeKoter is sending me a letter stating he  
15 represents the Public Safety Commission when in  
16 fact he did not.

17 Q. Were you ever able to answer those  
18 questions raised by OCTA, namely, where's  
19 DeKoter getting his information and why is he  
20 involved in this?

21 A. I did e-mail Mr. DeKoter at one time and  
22 asked him a simple question, Are you the one  
23 that went to Sheriff Weber and told him you  
24 were afraid of me? He sent me a single line  
25 response back stating, Please stop harassing

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1 me. The implied assumption was that I had --  
2 there's been a pattern of some sort of  
3 harassment. But I believe in Mr. DeKoter's  
4 mind that anybody questioning him in the paper  
5 and challenging his deceptions, to his mind  
6 that was harassment.

7 There had been no other  
8 communication with Mr. DeKoter on any of these  
9 issues in the county for 20 years or ever that  
10 I know of. And so when I asked him if he was  
11 the one that went to Sheriff Weber, he didn't  
12 answer the question. He just -- just implied  
13 that I was harassing him.

14 So no, we don't know of a  
15 connection, but his involvement in July of 2008  
16 with his letters gave me strong suspicion that  
17 he was in fact having some ongoing  
18 communication with the sheriff.

19 Q. Did Sheriff Weber say anything in his  
20 conversation with you in his office that led  
21 you to believe he was denying your application  
22 because of your relationship with OCTA?

23 A. No, he did not.

24 Q. Did he -- What is it that he said in his  
25 deposition that makes you think this was a

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1 factor in the decision to deny your  
2 application?

3 A. His response to my attorney's questions  
4 about OCT, my OCT involvement that summer, and  
5 he said yes, writing letters and putting  
6 pamphlets on cars and distributing handbills  
7 and so forth. I don't have the exact quote in  
8 front of me, but it was -- it was that and I  
9 think he had kind of affirmed it again a little  
10 bit later.

11 Q. In your first deposition you and I spent  
12 quite a bit of time on the question of how have  
13 you been harmed by all of this, what are your  
14 damages. I don't expect you to have memorized  
15 our discussion, but do you generally remember  
16 that we talked about that?

17 A. Yes.

18 Q. My question for you today is this, is  
19 there some separate item of damage or  
20 additional harm that we haven't already  
21 discussed that arises out of your belief that  
22 the denial was premised at least in part on  
23 your association with OCTA?

24 A. Yes. Until I sought legal counsel and  
25 sought redress of my grievance against the

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1 sheriff, until -- and until the lawsuit was  
2 filed which I assume then that you would  
3 counsel him to not continue abridging my free  
4 speech rights, before that period from the time  
5 he denied me until that period, I was  
6 questioning much of what I was doing and  
7 assuming and looking at what else is he going  
8 to do to harm me if I write this or publish  
9 this or state that. So there was -- there  
10 was -- And I'd have to go back and look at some  
11 of the material, but I -- I -- as memory  
12 serves, there was some material that didn't get  
13 distributed because I was now frightful.

14 He then went on in April of 2008  
15 when my wife applied, and she waited a couple  
16 weeks, and he said -- She called him up and he  
17 said, I would like to -- I'm not sure yet. I  
18 need a -- I need to contemplate on this. Give  
19 me 30 days. And my wife reported to me that  
20 she said to him, Well, is there something  
21 you're going to discover or understand or know  
22 in 30 days that you don't know now? Is there  
23 any questions I can answer for you that will  
24 help you make this decision? And he said, No.  
25 He said, I just need to -- I think the word was

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1 meditate on this for 30 days.

2 And at that point she came to me  
3 and said, What's going on? I looked at the  
4 calender and I realized his primary election  
5 was up in 30 days. So I strongly suspicion  
6 then that he was punishing my wife and trying  
7 to silence me by dangling her permit out there  
8 until he got re-elected. I can't -- I don't  
9 know if that happened, but he had -- he had no  
10 reason, he gave her no reason, he wasn't doing  
11 any further investigation, he had no questions  
12 for her, nothing more than I just need 30 days  
13 to meditate on this. Normally my family gets  
14 those -- With me in the past, in a week's time  
15 it's done. He's done his background research  
16 and the permit is issued. So by April of 2008  
17 we began to really suspicion that if I spoke  
18 out he was going to look for some kind of way  
19 to punish me.

20 Q. Your wife got her permit?

21 A. Yes, after some -- some communication  
22 back and forth. She withdrew her permit -- the  
23 application at that time because she was not  
24 going to be part of his gamesmanship, and then  
25 later reapplied in July of '08 and that's then